MISSOURI BOARD OF PHARMACY

NEWSLETTER

SEPTEMBER 2023

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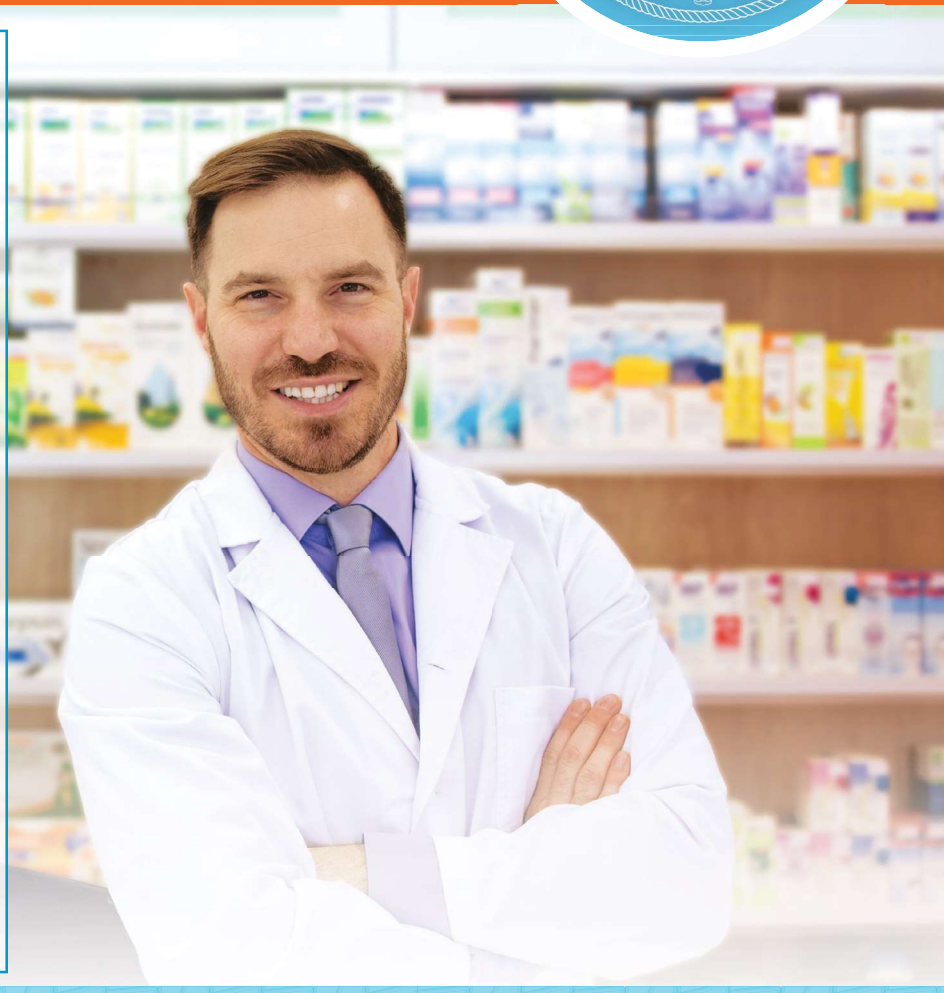
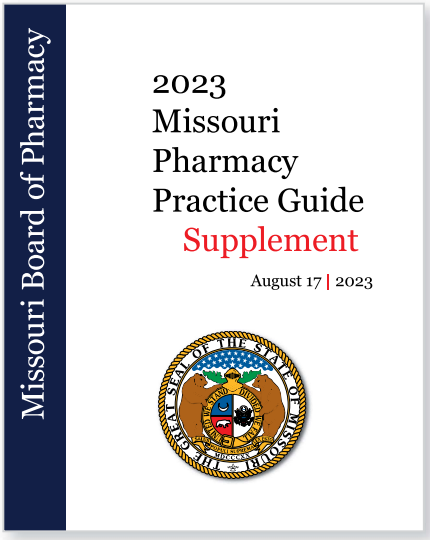


2023 MISSOURI PHARMACY PRACTICE GUIDE SUPPLEMENT

The Board has released the 2023 Missouri Pharmacy Practice Guide Supplement with updates on legislative changes that took effect on August 28, 2023, including, changes related to:

1. Pharmacist immunization authority
2. Medication therapy services requirements
3. Expanded mid-level practitioner C-II controlled substance authority, and
4. Prescription container labeling

The 2023 Supplement is available on the Board's website. An on-demand recording of the Office's recent 2023 Legislative Update webinar is also available online at: https://pr.mo.gov/pharmacists-publications-resources.asp#videos *(on-demand recordings are not eligible for pharmacist CE).*



NEW IMMUNIZATION AUTHORITY

(Excerpts from the 2023 Missouri Pharmacy Practice Guide Supplement)

Missouri's pharmacist immunization authority under § 338.010.1(4) was substantially revised by the Missouri General Assembly in 2023. Effective August 28, 2023, a Missouri licensed pharmacist may now order and administer all FDA approved or authorized vaccines to individuals at least seven (7) years old, or the age recommended by the Centers for Disease Control and Prevention, whichever is older, with the exception of the following vaccines:

- Anthrax
- Cholera
- Dengue
- Hib
- Japanese encephalitis
- Monkeypox
- Polio
- Rabies
- Rotavirus
- Smallpox
- Tick-borne encephalitis
- Tuberculosis
- Typhoid
- Yellow fever,
- Any vaccine approved after January 1, 2023

The above revisions now allow a pharmacist to independently order and administer vaccines under § 338.010.1(4). A protocol with a Missouri licensed physician is allowed but is no longer required to immunize under § 338.010.1(see Emergency Rule Amendment).

As required by statute, the Missouri Board of Pharmacy and the Missouri Board of Healing Arts promulgated an emergency rule amendment of rule 20 CSR 2220-6.050 to implement revised § 338.010.1(4) (see Emergency Amendment on the Missouri Secretary of State's website at: https://www.sos.mo.gov/adrules/EmergenciesforInternet/emergency)

Significantly, revised § 338.010.1(4), prohibits pharmacist administration of any vaccine approved after January 1, 2023. Emergency rule 20 CSR 2220-6.050(1) provides pharmacists may still administer a FDA approved vaccine that is reformulated or updated after January 1, 2023, if the initial vaccine was approved by the FDA prior to January 1, 2023. Pharmacists may continue to administer vaccines that are periodically/annually reformulated or updated, such as seasonal influenza vaccines, if the FDA approved the original vaccine before January 1, 2023. **See the 2023 Missouri Pharmacy Practice Guide Supplement for a list of FDA approved vaccines as of August 28, 2023.*

Licensees immunizing pursuant to § 338.010.1(4) must comply with:

- All state and federal laws governing vaccine information statements and informed consent;
- Manufacturer guidelines, and;
- All applicable Centers for Disease Control (CDC) guidelines. In the event of a conflict between manufacturer guidelines and CDC guidelines, CDC guidelines control.

- The restriction on administering vaccines approved by the FDA after January 1, 2023, in § 338.010.1(4) does not apply to vaccines administered by medical prescription order under § 338.010.1(3). Pharmacists may continue to administer vaccines approved by the FDA after January 1, 2023, by medical prescription order (See 20 CSR 2220-6.040 for additional administration by medical prescription order training requirements; A separate Notification of Intent is also required)
- Pharmacists may not administer the recently approved Respiratory Syncytial Virus (RSV) vaccine under § 338.010.1(4), given the vaccine received initial FDA approval after January 1, 2023. The RSV vaccine may still be administered by medical prescription order under § 338.010.1(3) and 20 CSR 2220-6.040 (see above).

E-ALERTS

Sign up on the Board's website to receive e-alerts on Board news, compliance updates and licensing changes.

BNDD UPDATE ON CHANGES TO MID-LEVEL SCHEDULE 2 PRESCRIBING

(The following summary has been provided by the Missouri Board of Narcotics and Dangerous Drugs (BNDD). See BNDD's September 2023 Newsletter for additional information/ updates.)

Gov. Mike Parson signed HB 402, increasing the Schedule 2 prescribing privileges of certain mid-level practitioners. The new law impacts nurse practitioners and physicians' assistants. The new law effective August 28, 2023 states:

- Certain mid-level practitioners will have full authority to administer, dispense and prescribe all Schedule 2 controlled substances.
- Nurse practitioners and physician assistants must be in a collaborative or supervision agreement with an authorized physician. The agreement designates that the midlevel practitioner must be providing care to hospice patients and designates the hospice as a location where the mid-level is authorized to practice and prescribe.
- The patient must be enrolled in and receiving hospice care.
- The mid-level practitioner must be employed by a hospice provider where the hospice provider is licensed under Chapter 197, RSMo.

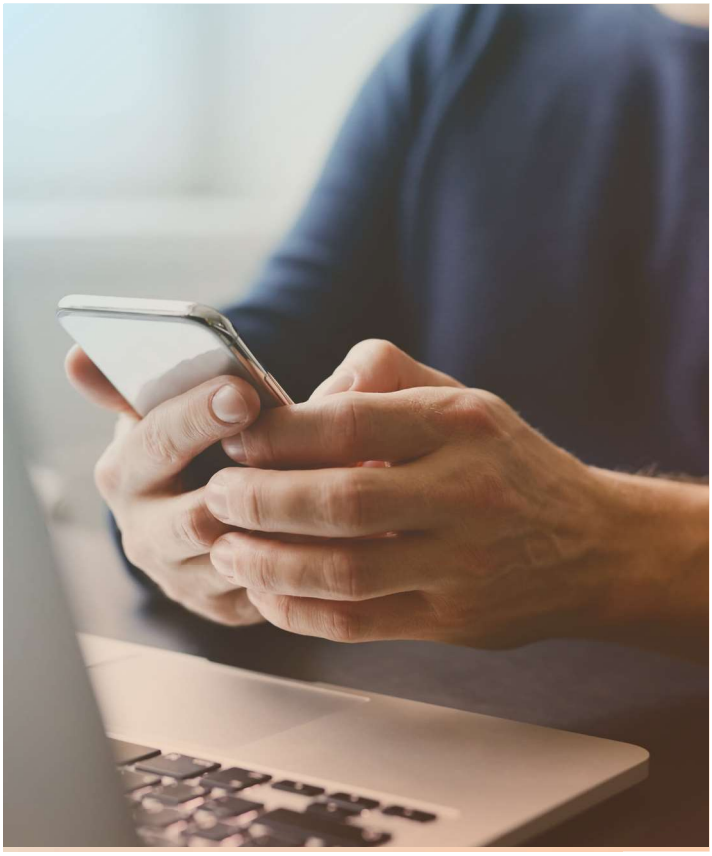
Although it is not required by the law, the BNDD is requesting that these mid-level practitioners write additional information on these Schedule 2 prescriptions so pharmacies know the patient is enrolled in hospice and is at a licensed location. Providing additional information to the pharmacies will expedite the reviews and hopefully reduce telephone calls.

SCAM ALERT

They're at it again! The Board has received new reports of scammers contacting licensees claiming to be a Board Inspector or with the Board. According to the reports, licensees are being told they are under investigation and may face discipline or criminal arrest if they do not pay a fine over the phone or provide wholesaler/purchaser account information. In some instances, the Board's name and phone number are fraudulently listed on the caller ID. The DEA has reported similar scams with individuals impersonating DEA agents (see DEA Scam Alert).

THESE CALLS ARE SCAMS AND FAKE ATTEMPTS TO EXTORT MONEY FROM LICENSEES. Remember:

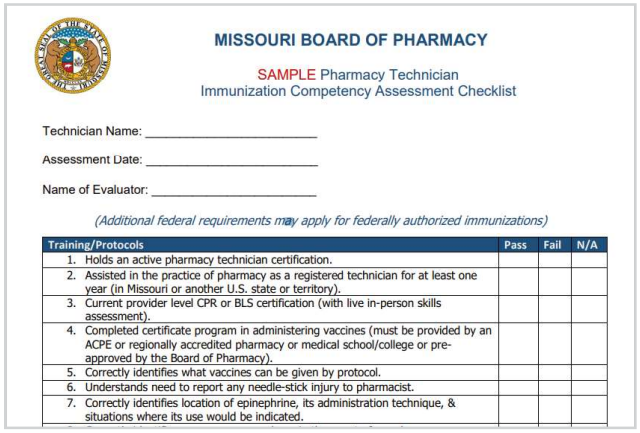
- The Board of Pharmacy does not have fining authority and would NEVER request payment or bank account information over the phone.
- When in doubt check! A list of Board inspector names, phone numbers and e-mail addresses is available on the Board's website.
- Hang up and call back! For calls reportedly from the Board office or a Board Inspector, hang up and call back on the Board's official line (573) 751-0091 or the Inspector's official Board phone number (see online list).
- Take action! Report scam calls to the FBI's Internet Crime Complaint Center or to the Federal Communications Commission (FCC) at https://consumercomplaints.fcc.gov/hc/en-us.



ARE YOU READY FOR FLU SEASON?

Flu season is a good time to do an immunization compliance check:

- Make sure all immunizing pharmacists have submitted a Notification of Intent (NOI) to Immunize. NOI status can be verified via a licensee search on the Board's website: https://pr.mo.gov/licensee-search.asp
- If immunizing by protocol, check to make sure the protocol is current and that all participating pharmacists have signed and dated the protocol. Make sure the protocol includes all vaccines authorized by the protocol physician, including any new vaccine authorized by § 338.010.1(4). *(Effective August 28, 2023, an immunization protocol is optional and not required)*
- Qualified pharmacy technicians providing immunizations must hold a current pharmacy technician certification issued by a certification entity accredited by the National Commission for Certifying Agencies (NCCA). Pharmacy technician certifications are issued by private certifying bodies and are different from a Missouri pharmacy technician registration issued by the Board. Check to make sure all immunizing pharmacist technician certifications are still current and active. (See PTCB online verification site: https://www.ptcb.org/verify-certification and NHA/CPhT online verification sites: https://certportal.nhanow.com/certification_verification/.) *Note: The verification sites are provided for informational purposes only and are not maintained or endorsed by the Board).*
- Qualifying pharmacy technicians administering vaccines must also have a documented initial and annual competency assessment in vaccine administration. The date of the required competency assessment must be documented electronically or in writing in the pharmacy's records. A fillable sample Pharmacy Technician Immunization Competency Assessment Checklist is available on the Board's website to assist licensees. The sample Immunization Competency Assessment Checklist is *optional* and *not required*; Licensees may use their own forms/procedures.



MISSOURI BOARD OF PHARMACY

SAMPLE Pharmacy Technician
Immunization Competency Assessment Checklist

Technician Name: _____

Assessment Date: _____

Name of Evaluator: _____

(Additional federal requirements may apply for federally authorized immunizations)

Training/Protocols	Pass	Fail	N/A
1. Holds an active pharmacy technician certification.			
2. Assisted in the practice of pharmacy as a registered technician for at least one year (in Missouri or another U.S. state or territory).			
3. Current provider level CPR or BLS certification (with live in-person skills assessment).			
4. Completed certificate program in administering vaccines (must be provided by an ACPE or regionally accredited pharmacy or medical school/college or pre-approved by the Board of Pharmacy).			
5. Correctly identifies what vaccines can be given by protocol.			
6. Understands need to report any needle-stick injury to pharmacist.			
7. Correctly identifies location of epinephrine, its administration technique, & situations where its use would be indicated.			

The Board's Immunization/ Administration Checklist Brochure has been updated to include 2023 legislative changes!

Visit the Board's website to view/ download the updated brochure and check your compliance.

REVISED DHSS NALOXONE STANDING ORDER

The Missouri Department of Health and Senior Services (DHSS) recently revised the statewide naloxone standing order. The revisions includes the addition of the 8mg dose of naloxone nasal spray and new prescription labeling and cost sections:

Medication and Required Device for Administration	Naloxone 4mg/per actuation Nasal Spray • Dispense 1 x two-pack Naloxone 8mg/per actuation Nasal Spray • Dispense 1 x two pack	Naloxone HCl 0.4 mg/mL Inj. • 2 X 1mL single dose vials (SDV) • 2 (two) 3 mL syringe • 2 (two) 25 G, 1 inch needle Naloxone HCl 2 mg/2mL Inj. • Dispense 2 (two) pre-filled syringes • 2 (two) 25 G, 1 inch needle

Prescription Label	In addition to the standard prescription bottle labeling: 1. Include the following text on the prescription bottle and prescription paperwork, "Refer questions about refills only to the pharmacist who fulfilled this MO state standing order at [insert pharmacist phone number]." 2. If feasible with electronic prescribing software, write "Chief Medical Officer of DHSS - Heidi Miller, MD" on the bottle, instead of the standard provider name, in order to avoid misdirected refill requests.

Cost	If any patient is unable to receive this naloxone prescription due to cost despite attempts to utilize insurance coverage or prescription coupons, then refer patient to this website to find free naloxone within their community: www.getMOnaloxone.com.

The standing order now includes a new appendix identifying available treatment facilities:

Patient Education	Every person dispensed naloxone under this standing order shall receive education regarding the risk factors of overdose, signs of an overdose, overdose response steps, proper use of naloxone, and need for the comprehensive substance abuse medical treatment. Offer recipient a list of local treatment resources for substance use disorder: www.nomodeaths.org/get-treatment (see Appendix A)

Please review the entire revised standing order. All DHSS pharmacist standing orders may be found here including the Standing Order for Drug Deactivation and Disposal Products.

Pharmacists are reminded that Heidi Miller, M.D. is the physician on the both standing orders. Pharmacies should review their procedures to ensure they are not sending refill requests to Dr. Miller for prescriptions generated from the standing orders.

DELAYED TECHNICIAN APPLICATIONS

Pharmacy technician applications are usually processed and approved within 3-5 days, after the application is complete and criminal history reports have been received from the state's approved vendor.

The office frequently receives calls from applicants indicating they may be released or terminated by their employer if their application is not approved by the Board office by a specific time. A processing delay does not automatically mean the applicant has negative criminal history or is under disciplinary review. While this may be the case in some instances, most processing delays are due to minor issues such as:

1. The applicant's date of birth or social security number is missing, incorrect, or incomplete (e.g., missing a number). Applicants listing the current year as their date of birth is a common mistake.
2. The last page of the application is not signed, dated, or notarized.
3. Checks/money orders are not signed or not made payable to the Board of Pharmacy and need to be mailed back to the applicant for completion.
4. Tax questions are blank or incomplete.
5. The background questions are not fully answered or the applicant answers "yes" to a question without providing an explanation.

Applicants who submit paper fingerprint cards may also experience an additional 2-3 month delay in processing by the state vendor (electronic fingerprinting is strongly recommended).

Double check your pharmacy technician application to make sure it is complete before mailing it to the Board office. Applicants should check their e-mail for application updates from the office. Due to state confidentiality laws, the Board cannot provide application information to employers without the applicant's consent, other than confirming if an application has been received or approved. This includes information on any criminal charges or Board investigations. Questions? E-mail the Board office at: technician@pr.mo.gov.

UPCOMING BOARD MEETINGS

OCTOBER	NOVEMBER	DECEMBER
18-19	15	13
Columbia, MO	Virtual	Virtual

PROPOSED BOARD RULES OPEN FOR PUBLIC COMMENT

- 20 CSR 2220-2.900 (Class N: Health Care Facility Automated Dispensing Systems)**
- 20 CSR 2220-2.910 (Class O: Automated Dispensing Systems (Ambulatory Care)**
- 20 CSR 2220-6.050 (Administration of Vaccines Per Protocol)

*Available at https://www.sos.mo.gov/default.aspx?PageID=10340

***Scheduled to be published in the October 16, 2023, Missouri Register for public comment.*

COMPLIANCE TOP 10

The Board's "Pharmacy Compliance Top 10" brochure has been updated. This important compliance resource includes the Inspector's list of the following most commonly observed inspection violations (This list is random and not ranked in any specific order):

- Dispensing Errors
- Expired Medication in Active Inventory
- Unsanitary Conditions
- Full Name of Active Ingredients on Compound Not on Patient Container
- Non-Compliant Immunization Protocols/Notifications
- Patient Counseling Not Offered
- Photos Not Attached to License
- Inaccurate/Incomplete Compounding Logs
- Non-Compliant Annual Controlled Substance Inventory
- Missing Name Badges

The revised "Compliance Top 10" brochure is available for download on the Board's website, along with additional Inspector notes/comments. Share the "Compliance Top 10" with Board staff and make sure you're compliant.


COMPLIANCE TOP TEN

The following lists the most commonly observed inspection violations and does not represent a comprehensive listing. Licensees should review all applicable laws to ensure compliance. (This list is random and not in any specific order)

Dispensing Errors

Medication and drug-related devices must be properly and accurately prepared, packaged, dispensed, and labeled. Pay attention and be safe. Patients are counting on you! [20 CSR 2220-2.010(1)(I)]

Patient Counseling Not Offered

Educate pharmacy staff. Patient counseling must be offered for all prescriptions. Patient counseling cannot be provided by a pharmacy technician. [20 CSR 2220-2.190] See 20 CSR 2220-2.080 for Class R counseling requirements

Expired Medication in Active Inventory

Check inventory regularly for outdated and/or expired meds. Don't forget compounding areas! [20 CSR 2220-2.010(2)(B)]

Photo Not Attached To License

All Board licensees and registrants must attach a 2x2" photo to their license. [20 CSR 2220-2.010(1)(J)]

Unsanitary Conditions

Examples: Dust and dirt on products/shelves, trash, loose tablets/capsules on floor, unclean reconstitution devices. Don't forget compounding areas and sterile compounding primary and secondary engineering controls! [20 CSR 2220-2.010(1)(G)]

Inaccurate/Incomplete Compounding Logs

Check the compounding log for each preparation for all required entries. Preparations made from compounding kits require completion of a compound log (e.g., Hirst® Kits). See 20 CSR 2220- 2.400(1)(A) for log requirements.

Full Name of All Active Ingredients of Compound Not On Patient Container

Active ingredient names cannot be abbreviated. Do not include a brand name if a generic ingredient was used. [20 CSR 2220-2.400(1)(C)]

Non-Compliant Annual Controlled Substance Inventory

The annual controlled substance inventory must be taken within one year of the previous inventory. [19 CSR 30-1.040(5)] The inventory must include all schedules and must be taken on a single day. Don't forget OTC pseudoephedrine tablets/capsules which are C-V.

Non-Compliant Immunization Protocols/ Notifications

Review immunization protocols thoroughly and make sure everyone has signed. Make sure prescriptions are created under the correct protocol physician. Make sure adverse event notifications to the protocol physician and primary care providers are made and documented in the pharmacy's records. Failure to maintain proof of notification is a compliance violation! [20 CSR 2220-6.050(6)] See 20 CSR 2220-6.050 for protocol requirements and the Board's Immunization Checklist.

Missing Name Badges

All Board licensees/registrants must wear a name badge that includes their title (pharmacist, intern pharmacist, technician). See the Missouri Pharmacy Practice Guide for sterile compounding/clean area exceptions. [20 CSR 2220-2.010(1)(L)]

Revised July 2021

MISSOURI Board of Pharmacy

GOLD CERTIFICATES

MISSOURI BOARD OF PHARMACY

50 years Congratulations!

Congratulations to our newest "gold certificate" pharmacists who have maintained a Missouri pharmacist license for 50 years:

Ryon L. Adams
Karolyn J. Bryan
David L. Carmichael
Janet K. Cochran
Melvin W. Culver
Raymond R. Dale Jr.
Gary L. Dalin
Bruce W. Eilers
Melissa A. Graham
William D. Hubble
Raymond G. Hunter
James E. Kerr
Joseph L. Lafiore
Beth S. Metcalf
Nancy K. Moss
Robert L. Myers
Ronald H. Myers
Diana M. Poor
Neil J. Schmidt
Harry P. Trummer
Jack R. Vallandingham Jr.
Robert J. Winberg
Joseph R. Wohlstadter

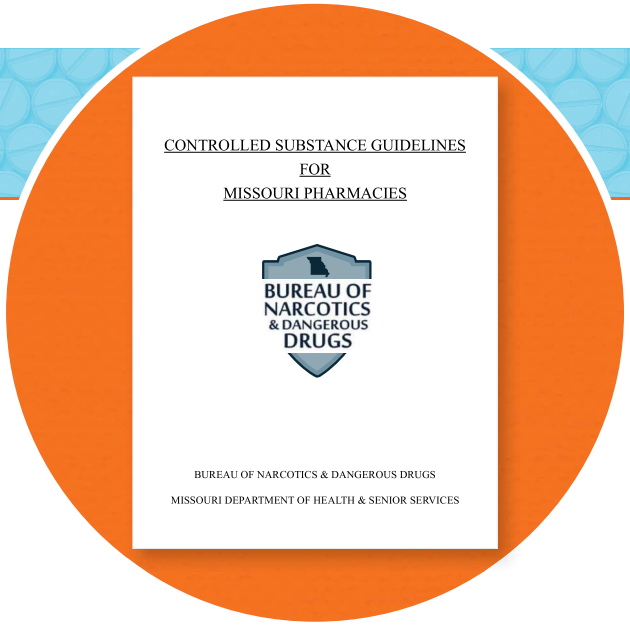
MISSOURI PRESCRIPTION DRUG MONITORING PROGRAM UPDATE

(The information below has been provided by the Executive Director of the Missouri Joint Oversight Task Force for Prescription Drug Monitoring)

1. The PDMP is on track to be fully operational by the end of the year. The actual go-live date is anticipated to be mid-December.
2. A communication plan has been developed and is expected to begin approximately 4-6 weeks prior to the actual go-live. Communication will be through board channels, emails, and the Bamboo system for current participants. The PDMP website (PDMP.mo.gov) will also have updates.
3. We are still negotiating with St. Louis County for their historic dispensation information. The goal is to have as much historic information as possible in the new system and to eliminate the need for current users of the system to re-register. Also, new ordinances may need to be drafted by some participating jurisdictions to allow the transfer of their information. Because of this, we are working with the Missouri Association of Counties to help disseminate information and expedite any local legal reviews/actions.

Questions? Contact the PDMP office at: (573) 526-9848 or dean.linneman@oa.mo.gov

UPDATED CONTROLLED SUBSTANCE GUIDELINES



BNDD's Updated Controlled Substance Guidelines for Pharmacies is now available on BNDD's website:

https://health.mo.gov/safety/bndd/publications.php

NATIONAL ASSOCIATION OF BOARDS OF PHARMACY® NATIONAL PHARMACY COMPLIANCE NEWS – THIRD QUARTER 2023

(The following information was provided by the National Association of Boards of Pharmacy and is reprinted with permission of NABP. This information is provided for informational purposes only and does not express or represent the views or opinions of the Missouri Board of Pharmacy.)

DRAFT GUIDANCE ON PROHIBITION OF COMPOUNDED DRUG WHOLESALING RELEASED BY FDA

Food and Drug Administration (FDA) has released draft guidance that describes how the agency intends to apply the provisions of Section 503B of the Federal Food, Drug, and Cosmetic Act (FD&C Act) concerning the prohibition of wholesaling for certain compounded drugs. The guidance, titled *Prohibition on Wholesaling Under Section 503B of the Federal Food, Drug, and Cosmetic Act*, aims to ensure that compounding is based on patient need and to reduce the overall risk of patient harm by preserving the integrity of the United States drug approval process and of the US drug supply chain. Outsourcing facilities that produce compounded drugs may qualify for exemptions from certain statutory requirements under Section 503B of the FD&C Act if the drug will not be sold or transferred by an entity other than the outsourcing facility that compounded the drug. However, this wholesaling provision does not prohibit administration of a drug in a health care setting or dispensing a drug to a patient with a valid prescription.

CRITICAL TRUVADA STABILITY INFORMATION NOT PROVIDED IN PACKAGE INSERT

Post-exposure prophylaxis (PEP) is used to prevent HIV infection in an HIV-negative person who has had a recent high-risk exposure to HIV. PEP is classified as nonoccupational (eg, sexual contact, injection drug use) or occupational (eg, needlestick injury). Centers for Disease Control and Prevention recommends a 28-day course of a three-drug antiretroviral regimen for PEP. The preferred regimen for nonoccupational PEP for most patients is **Truvada®** (emtricitabine and tenofovir disoproxil fumarate) once daily plus either **Isentress®** (raltegravir) twice daily or **Tivicay®** (dolutegravir) once daily. For occupational PEP, the preferred regimen for most patients is Truvada once daily and Isentress twice daily.

The challenge with this 28-day regimen is that Truvada is only available in bottles containing 30 tablets. Normally, this would not be a problem, as the pharmacy would only dispense 28 tablets and keep the remainder in its inventory. However, both the Truvada container label and the package insert (PI) state "dispense only in original container," and neither provide any stability information about the product once the bottle is opened. So, if the prescriber orders a PEP regimen with a 28-day supply of Truvada, the pharmacy should open the bottle and dispense only 28 tablets. But how do they dispense these in the original container? And what do they do with the remaining two tablets? How long are the tablets stable once the manufacturer bottle is opened? Of course, if the prescriber writes for a PEP regimen containing a 30-day supply, the pharmacy would be able to dispense the entire, sealed bottle; however, the patient would be taking two extra days of medication, which are not indicated.

A specialty pharmacy recently reported this situation to Institute for Safe Medication Practices (ISMP). They had received a prescription for Truvada for PEP and could not locate any stability information for the drug once the manufacturer bottle was opened. So, they contacted Gilead Sciences, the drug manufacturer. Gilead informed the pharmacy that they do have additional stability information that is not included in the PI. The manufacturer provided the pharmacy with a "Truvada Storage and Stability" medical information sheet which states that Truvada is stable for a maximum of six weeks once the bottle is opened (depending on temperature and humidity). This information is currently only available via a direct request to Gilead, so many pharmacies may not be aware of the shortened expiration date for Truvada once the bottle is opened.

ISMP has contacted both Gilead and Food and Drug Administration (FDA) to encourage including updated stability and expiration data in the PI as soon as possible. Of course, this will not solve the issue of only having 30-count bottles available. FDA and manufacturers should work together, ideally prior to initial marketing approval, to ensure various packaging and package quantities are available to accommodate variations in dosing as well as support safe dispensing practices in various care settings. For example, the manufacturer, knowing that this product will be used in inpatient as well as outpatient settings, should offer unit-dose packaging. This would allow for both safe use in hospitals

(rather than dispensing 30-count bottles to patient care areas) and provide flexibility for various dosing regimens in outpatient settings. For now, pharmacies should devise a plan for how to handle any extra tablets.

DEA AMENDS REGULATIONS FOR REPORTING THEFT OR SIGNIFICANT LOSS OF CS

Drug Enforcement Administration (DEA) published a final rule amending the regulations regarding DEA Form 106, which is used by DEA registrants to formally report thefts or significant losses of controlled substances (CS). DEA registrants are now required to submit all forms reporting thefts or losses electronically through DEA's secure online database. The final rule went into effect on July 24, 2023.

COUNTERFEIT OZEMPIC FOUND IN US RETAIL PHARMACY

Novo Nordisk, the manufacturer of Ozempic® (semaglutide injection), is alerting consumers that a counterfeit version of Ozempic, which reportedly contained insulin glargine instead of semaglutide, was purchased in a retail pharmacy in the United States. Ozempic is a diabetes treatment that has gained widespread popularity as a weight loss drug, spurring a black market for the medication. In June 2023, United Kingdom reporters found Ozempic for sale on Facebook, and Nigerian authorities found fake Ozempic pens containing insulin in nine countries. Novo Nordisk advises retail pharmacies to always purchase semaglutide medications "through authorized distributors of Novo Nordisk and reliable sources" and shared a list of tips to help health care providers and patients recognize signs that a medication may be counterfeit when purchasing Ozempic or other semaglutide injection products.

USP FACT SHEET AVAILABLE TO HELP PHARMACISTS ADVISE CONSUMERS ON DIETARY SUPPLEMENTS

The Dietary Supplements Sector of United States Pharmacopeia (USP) has designed a fact sheet to guide and inform pharmacists about quality considerations for dietary supplements. The guidelines recommend helping consumers understand how quality is defined and why it matters, as well as advising them to look for certain trusted third-party quality verification indicators, such as USP Verified, when selecting a product. The fact sheet also includes signs consumers can look for to help determine if a supplement might be tainted with illegal or harmful ingredients. The fact sheet can be downloaded from the USP website.

UNIVERSITIES IN SOUTH CAROLINA INITIATE PROGRAM TO ADVANCE AI IN HEALTH CARE

Universities and colleges in South Carolina are joining a federally funded, Clemson University-led coalition focused on advancing artificial intelligence (AI) technology in health care diagnostics and treatment. Funded by the National Science Foundation, the program is called Artificial Intelligence-Enabled Devices for the Advancement of Personalized and Transformative Health Care in South Carolina. In addition to research and development of AI-enabled biomedical devices, the program will work to expand and improve education and workforce development to build a talent pool and encourage cross-industry partnerships. Additional information about how AI is transforming the health care industry to support pharmacists and other clinicians, as well as reimagining pharmacy education for students, is in NABP's June issue of *Innovations*®.

APPROXIMATELY $9 MILLION PROVIDED TO RURAL COMMUNITIES TO INCREASE NUMBER OF SUBSTANCE USE DISORDER CLINICIANS, ACCORDING TO HHS

The United States Department of Health and Human Services (HHS), through the Health Resources and Services Administration, reports that $9 million was awarded from the Biden-Harris Administration to strengthen mental health and expand substance use services in underserved communities. The funds will train additional health care providers to provide care for individuals and families in need of mental health support and services pertaining to substance use, treatment, and recovery. The Integrated Substance Use Disorder Training Program is just one of the community-based programs that will be utilized to increase the number of trained nurse practitioners and social workers to provide treatments surrounding mental health and substance use.